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CONFIRMATION NO. 6773

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|--|---|---|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/804,171   | <b>FILING OR 371(c) DATE</b><br>03/19/2004<br><b>RULE</b>   | <b>CLASS</b><br>418                                 | <b>GROUP ART UNIT</b><br>3748   | <b>ATTORNEY DOCKET NO.</b><br>1594.1416 |                                |
| <b>APPLICANTS</b><br>Sung Hea Cho, Suwon-si, KOREA, REPUBLIC OF;<br>Seung-Kap Lee, Suwon-si, KOREA, REPUBLIC OF;   |   |   |   |   |                                |
| <b>** CONTINUING DATA *****</b> <i>NONE DD</i>   |   |   |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>REPUBLIC OF KOREA 2003-19060 03/27/2003<br>REPUBLIC OF KOREA 2004-15385 03/08/2004 <i>DD</i>   |   |   |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/29/2004</b>   |   |   |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>DD</i><br>Allowance <i>DD</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>KOREA,<br>REPUBLIC<br>OF | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>12               | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>21171  |   |   |   |   |                                |
| <b>TITLE</b><br>Variable capacity rotary compressor  |   |   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |